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Country note**

Cuba

Summary

The Executive Director presents the country note for Cuba for a programme of cooperation for the period 2002 to 2006.

The situation of children and women

1. Cuba has a population of 11,187,679, of whom 75 per cent live in urban areas. Children under 5 years of age represent 8 per cent of the population, children 6 to 11 constitute 9 per cent, and adolescents 10 per cent. Cuba's location makes it vulnerable to natural disasters, particularly hurricanes. The collapse of the Soviet Union and the changes in Eastern Europe have created a difficult economic situation for Cuba, aggravated by the effects of the economic, commercial and financial blockade imposed 40 years ago. In spite of these limitations, the budget for basic social services has increased on a regular basis to meet the basic needs of the population. In 1999, 14 per cent of the national budget was allocated to education, 12 per cent to health and 13 per cent to social security. Although in 1999 the gross national product increased by 6.2 per cent, the country is confronted with the challenge of ensuring sustained economic growth and promoting more dynamic international economic investment. One of the fundamental challenges is how to preserve equity and social achievements within the context of current international economic conditions and the ongoing blockade.

* E/ICEF/2001/2.
** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2001.

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2. Cuba ratified the Convention on the Rights of the Child in 1991 and presented its initial report to the Committee in 1995. In 1997, the Committee acknowledged the progress made with respect to services for children and promotion of their well-being, especially in health and education, and presented various recommendations in relation to the wider application of the Convention at the national level. The Committee also took note of the difficulties that the country is confronting that have an impact on the application of the Convention. The Cuban Government acknowledged the recommendations of the Committee and indicated that it would analyse and implement them as appropriate. In October 2000, Cuba signed the two Optional Protocols to the Convention concerning the involvement of children in armed conflict and the sale of children, child prostitution and child pornography. The Convention on the Elimination of All Forms of Discrimination against Women was ratified in 1981 and the country's fourth regular report, which was presented in 2000, recommended that certain mechanisms be improved to gather data from a gender perspective.

3. Cuba adopted a National Programme of Action (NPA) to fulfil the commitments made at the World Summit for Children. Fifteen of the 27 goals were met, and three remain to be evaluated, specifically those related to anaemia in children 6 to 12 months of age, and vitamin A levels in those under the age of 5 and between the ages of 5 and 14. The goal of universal salt iodization has yet to be met, due to important investments needed in the related industry. Local studies have indicated that iodine deficiency disorders are limited to specific zones of the country. The goals concerning coverage of drinking water and sanitation services have yet to be met, with the rural sector being the most affected. The year 2000 education goals have been achieved.

4. Important advancements have been made in the area of child survival, with an infant mortality rate and under-five mortality rate of 6.4 and 8.3 per 1,000 live births, respectively. National vaccination coverage is 98.2 per cent, and infant mortality due to acute diahhroeal disease and acute respiratory infections is low. Regarding the right to development, coverage of early childhood development and primary education enrolment is 98.7. School repetition and retention rates are 0.9 per cent and 99.7 per cent, respectively. Some 99.9 per cent of boys and girls age 6 to 11 complete primary education, and there is guaranteed access to secondary education.

5. There has been a slight increase in the maternal mortality rate, to 29 per 100,000 live births, which has an impact on children 0 to 5. There are also limitations in the purchase of vaccines and deficiencies in the cold-chain system. Iron deficiencies exist due to inadequate feeding practices and the lack of available iron, both in terms of quantity and quality. Anaemia affects one third of pregnant women, 40 to 50 per cent of children under 3 years of age, and more than 25 per cent of women of child-bearing age. It has not been possible to guarantee a balanced diet of calories and proteins, a consequence of the economic difficulties that the country has been facing since 1989. There is also an insufficient supply of booklets for the orientation and training of families related to the "Educate Your Child" programme, which ensures that children are prepared to begin basic education.

6. Accidents continue to be the primary cause of death for children 6 to 9 year of age and adolescents. Respiratory infections and diarrhoea are the primary causes of morbidity, especially for adolescents. Morbidity due to hepatitis A is highest among

those 5 to 18. Services for disabled children are of high priority. There is a need, however, to accelerate changes in the education system to increase the quality of education. Difficulties exist related to communication within the family, especially with adolescents. Sexist stereotypes prevail within the family and the community, which limit the participation of adolescents in decision-making. Families of adolescents tend to disengage from their children's schooling and do not play the role they could in their children's education.

7. HIV/AIDS prevalence is .03 per cent, but its incidence among young people and women has increased in recent years due to a number of factors, including unprotected sexual relations and a perception among adolescents and youth that they are at low risk. This has resulted in an increase of 33.2 per cent of those at risk in 2000 as compared to 1998. Due to lack of resources, there are difficulties in the diagnosis and treatment of sexually transmitted infections (STI).

8. In rural areas, 86.3 per cent of the population have access to safe drinking water, but the quality of services is deficient. There are still cities and towns without water systems and schools and health centres without adequate access to water. Approximately 50 per cent of the water being piped is lost due to leaks in the system. Sanitation coverage is 92.8 per cent, but there remain cities and towns without appropriate sewage systems.

Lessons learned from past cooperation

9. In the 1997–2001 programme of cooperation, UNICEF has supported the country's strong political will on behalf of children, women and families and has contributed to strengthening concepts related to the two Conventions. The programmes and projects are increasingly multidisciplinary and take advantage of the cross-sectoral structures existing nationwide at the community level. Alliances with local and national mass media have made it possible to disseminate the precepts and projects of the country programme to the public on a regular basis. Of special importance has been a daily television programme with spots addressed to the family, within the framework of the community education programme "Facts for Life". The impact of these messages on the Cuban population and their success in terms of social education have been acknowledged at all levels. The dissemination of information related to non-formal pre-school education and maternal health has contributed to the definition of related regional strategies. The mid-term review (MTR) proved to be an excellent opportunity to establish links with a larger number of national institutions. It confirmed the validity of the country programme objectives and strategies and recommended some adjustments in order to include support to families.

10. An analysis of progress has shown that most of the objectives of the current country programme have been accomplished, which validates the strategies used and the decentralized project structure indicated by the MTR. The analysis showed, however, that child and adolescent participation was insufficient and joint activities with other United Nations agencies needed to be strengthened. The gender perspective was not always included in programme design, nor were gender-disaggregated statistics commonly available to permit implementation of the two Conventions. Project monitoring, follow-up and evaluation could be improved as well.

11. There has been increased coordination among institutions in the development of the current programme and a more efficient use of allocated resources.

Proposed country programme strategy

12. UNICEF cooperation in Cuba will focus on the challenge of continuing to improve the well-being of children, while pursuing a strategy of sustaining successful experiences beyond the current and future programmes of cooperation. This is also linked to the principal role of the State in the fulfilment of all rights, in accordance with Cuban legislation and the Convention on the Rights of the Child. UNICEF will also help to facilitate the interchange of experiences between Cuba and other countries in the region.

13. The new country programme will promote the right of children and adolescents to survival, development, protection and participation, according to the tenets of the two Conventions, and will take into consideration priorities identified in the areas of health, nutrition, water, sanitation, education and social policy. These include the reinforcement of primary health care services and immunization coverage, the prevention of STI, HIV/AIDS, hepatitis A and accidents, and the promotion of breastfeeding. Interventions in the area of nutrition will focus on surveillance, fortification and supplementation. There will be an emphasis on access to adequate drinking water and sanitation, especially in the most vulnerable sectors, the rural population and peripheral urban areas. The programme will also aim for an improvement in the quality of early childhood and primary education, reinforcement of the statistical system, and the promotion of a culture of rights, through knowledge dissemination and social awareness of the two Conventions, as well as legislation and national policies for providing special protection to groups at risk and disabled children.

14. Strategies of the new programme will include capacity-building, information, education, communication and participation. They will be integrated into the current multidisciplinary and cross-sectoral structure, which is working well. In addition to these global strategies, social mobilization of the family will be incorporated. Gender issues, HIV/AIDS and prevention of, and emergency response to, natural disasters will be addressed. These strategies will be carried out at all levels and will be directed to professionals, promoters and families, with the participation of boys, girls and adolescents. There will be close collaboration and coordination with other United Nation system agencies in areas of mutual interest.

15. The new country programme will consist of three core programmes corresponding to life cycle stages. A *multisectoral programme* will guarantee coordination among the different programmes and provide support for social communication, advocacy and fund-raising. A technical support component will also be included.

16. The *integrated attention to early childhood programme (age 0 to 5)* will help sustain current immunization levels; promote exclusive breastfeeding until six months of age; achieve an adequate nutrition level for children and mothers, through fortification of foods with micronutrients; and increase the quality of education by formal and non-formal means via the "Educate Your Child" programme. It will also support national efforts to guarantee access to safe drinking water and adequate

sanitation, with special attention to vulnerable sectors and rural and peripheral urban areas.

17. The *basic education programme for children (age 6 to 11)* will support the training of teachers in order to improve the quality of education, and community expansion and dissemination of knowledge regarding the protection of child rights. A school water supply, health education and hygiene component will support the reduction of incidence of infectious diseases.

18. The *development and participation of adolescents programme (age 12 to 18)* will contribute to the reduction of STI and HIV/AIDS and to the prevention of accidents; and increase quality of integrated attention for adolescents and promote effective forms of participation, which will lead to safe and responsible behaviour. Priority will be given to groups known to be at high risk and to the socially disadvantaged. Likewise, priority will be given to interventions developed in secondary schools to contribute to a full and responsible education. The new country programme will also support improvement of hygienic conditions in schools and promote protection of the environment. The strategy used will reach adolescents in schools and in numerous community and youth centres.

19. Due to the exposure of Cuba to adverse natural phenomena, an emergency component will be included in all of the programmes. Cross-sectoral costs will cover operational expenses, salaries and travel costs, as well as monitoring of the entire programme of cooperation.

Estimated programme budget

Estimated programme cooperation, 2002-2006[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Integrated attention to early childhood (age 0 to 5)	1 170	2 600	3 770
Basic education for children (age 6 to 11)	675	1 650	2 325
Adolescent development and participation (age 12 to 18)	550	1 300	1 850
Multisectoral programme	245	450	695
Cross-sectoral costs	430	500	930
Total	**3 070**	**6 500**	**9 570**

[a] These are indicative figures only which and are subject to change once aggregate financial data are finalized.